ARTERIAL EMBOLISM IN THE LIMBS. By A. L. Jacobs, M.A., D.M.(Oxon), F.R.C.P. (Pp. xii+200; figs. 37, 35s.) Edinburgh and London: E. & S. Livingstone Ltd., 1959.

This excellent monograph is mainly concerned with a clinical and pathological review of one hundred and twenty-two incidents of limb embolism in sixty-nine patients. There is a detailed description of the clinical material and conclusions are drawn concerning important clinical problems such as diagnosis, prognosis, and the results of medical treatment. In addition to clinical review and post-mortem examination, research has been carried out to determine the anatomical variations in arterial collaterals and the effects of changes in peripheral blood flow with alterations in general blood pressure. Long-held theories on such subjects as arterial spasm and secondary thrombosis following embolism are discussed in detail and new conclusions drawn.

The final chapter consists of a summary of main conclusions and deals concisely with many of the problems of embolism, and everyone who has to deal with limb embolism should at least read this chapter.

There is only one defect in this book and that is that only six of the cases have been treated by embolectomy, and if only a section on embolectomy had been included it could have been regarded as a classic work.

H. C. D.

SOCIAL WORK IN TUBERCULOSIS. By Margaret Coltart, Helen Raine, and Elizabeth Harrison. (Pp. 144. 12s. 6d.) London: Chest and Heart Association, 1959.

This excellent little book is designed for the use of social work students, medical students, and for health authorities in countries where tuberculosis control is still progressing.

The joint authors have outlined the British scheme for the treatment of tuberculosis, which may be called a "success story." The subject is large and complex, but has been admirably condensed and clarified. The chapters on the evolution of the statutory and voluntary services balance the account of the medical social work in the chest clinics and hospitals.

The social work sketches with imaginative insight the emotional and mental stresses associated with a long-term illness of such far-reaching implications as tuberculosis.

Rehabilitation may be said to be the corner-stone of treatment, both medical and social. "Rehabilitation," as outlined in the Piercy Committee's report, "must be a single continuous process, beginning with the onset of sickness and continuing throughout treatment until final resettlement in the most suitable work and living conditions is achieved."

Features which are absent from the scheme in Northern Ireland are hostels for chronic and homeless persons, sheltered workshops, trained occupational therapists for domiciliary patients, and social workers associated with health visitors in the chest clinics, both under the direction of the medical consultant.

J. G. J.

A POCKET BOOK OF PROPRIETARY DRUGS. Compiled by A. G. Cruickshank, F.R.C.P.E., and C. Stewart, L.R.C.P. & S.E., M.P.S. (Pp. 236. 10s. 6d. or 14s. interleaved.) Edinburgh and London: E. & S. Livingstone, 1959.

This book gives less information than that which can be so easily obtained by reference to the Index of New Products of the Pharmaceutical Journal and, in particular, it does not give the price of drugs and it says very little, and usually nothing, of the possible toxic reactions of drugs.

In the preface the authors state that it is their own practice to prescribe from the B.P., B.P.C., or B.N.F. whenever possible, and anybody who follows their practice should have little use for this book.

It is interesting to observe in the index that some pharmaceutical firms seem to specialise in useless preparations, and even the best firms are found to be producing occasional pernicious preparations. One can only wish that the authors could have ignored the laws of libel of our country and had commented frankly about the value of these preparations as is done by the recently published American "Medical Letter on Drugs and Therapeutics."

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